Harry Benjamin and Psychiatrists

Charles L. Ihlenfeld, MD

SUMMARY. Harry Benjamin, MD, was a pioneer physician who founded the transgender field and coined the term "transsexual." Benjamin drew criticism from some in the psychiatric community when he began treating transgendered people with cross-gender hormones and encouragement in their efforts in transitioning. By and large, psychiatrists of this time considered gender dysphoria as a manifestation of significant psychopathology and considered the treatment Benjamin was then prescribing as psychiatrically contraindicated. Rather than discouraging Benjamin, this response simply reinforced his feeling that psychiatry as a discipline lacked "common sense."

The author worked with Dr. Benjamin for 6 years, was to become his heir apparent, but then left the practice to undertake a psychiatric residency. This paper chronicles changes in the author's own life and conceptual thinking about transsexualism during this time. Some years later the author finally learned the true extent of Dr. Benjamin's feelings about these events. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.corn> Website: <http://www.HaworthPress.com> © 2004 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Harry Benjamin, homosexuality, psychiatry, psychoanalysis, sexual reassignment, transgender, transsexuality

---

Charles L. Ihlenfeld is retired from private psychiatric practice and resides on Long Island.

Address correspondence to: Charles L. Ihlenfeld, MD, P.O. Box 576, Shelter Island Heights, NY 11965-0576 (E-mail: clihlen@optonline.net).

The author wishes to thank Andrew E. Behrendt, PhD, for his invaluable suggestions and editorial assistance and William S. Packard, MD, for his constant support and encouragement.

[Haworth co-indexing entry note]: "Harry Benjamin and Psychiatrists." Ihlenfeld, Charles L. Co-published simultaneously in *Journal of Gay & Lesbian Psychotherapy* (The Haworth Medical Press, an imprint of The Haworth Press, Inc.) Vol. 8, No. 1/2, 2004, pp. 147-152; and: *Transgender Subjectivities: A Clinician's Guide* (ed: Ubaldo Leli, and Jack Drescher) The Haworth Medical Press, an imprint of The Haworth Press, Inc., 2004, pp. 147-152. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

http://www.haworthpress.com/web/JGLP

Digital Object Identifer: 10.1300/J236v08n01_11

Harry S. Benjamin, MD
(1885-1986)

Fifty years after Christine Jorgensen had her surgery in Denmark, transsexualism has its own *DSM-IV* coding and gender studies is a recognized academic discipline. This was not always so. When Harry Benjamin first started treating transsexual patients with hormones he knew that he was doing something that most physicians would not do. He was aware that psychiatrists generally believed that these patients were delusional in their belief that they were in fact members of the opposite sex. Benjamin, with his anti-analytic bias and his belief that psychoanalysis was unscientific (Person, 1999), simply felt that he was right and mainstream psychiatry was wrong. I have a story of my own that suggests to me that he probably maintained this opinion to the end of his days.

Harry Benjamin never did like psychiatrists much. To be sure, he did have individual psychiatrists whom he respected and counted as friends and colleagues. As a group, however, they were not among his favorite people. His antipathy was well founded. In the 1950s and 1960s, the general psychiatric belief was that men who thought that they were women and vice versa were clearly delusional. Schizophrenia was the diagnosis of choice. Patients told him of being treated harshly by psychiatrists and other physicians with whom they had consulted. Simply put, most doctors wanted nothing to do with these patients, and some were more emphatic in declaring this than others. As a result, many patients were reluctant to subject themselves to further abuse by making additional efforts to find help. And if doctors thought that these patients were crazy, one can only imagine what they thought of a fellow physician who suggested that just maybe these patients had a point that most doctors were missing. He met this skepticism personally when he gave talks at hospitals and professional meetings and heard the questions and often-critical comments from psychiatrists in attendance.

Harry Benjamin received his medical degree from the University of Tubingen in Germany in 1912. He first came to the United States in 1913 to do work with a promising new treatment for tuberculosis. When he tried to return to Ger-

many in 1914, his ship missed clearing English waters by half an hour and was diverted to England at the outbreak of World War I. Several months later he came back to New York City and established his own private, general medical practice (Person, 1999, pp. 354-355). In the decades that followed, he pursued his interests in the developing fields of endocrinology, gerontology, and sexology and was among the first to try hormonal and surgical treatments for aging.

Thus, when in the 1930s one of his older patients, a cross-dressing man, asked him for female hormones, Harry Benjamin had a good idea of what the physical effects would be. He knew this patient quite well, and realized that the man was not crazy. The man himself knew his physician well enough to feel safe in making the request and, in fact, responded well to the treatment. He felt calmer, happier, and more content and showed no ill effects from the hormones.

This story shows us the genius of Harry Benjamin: he was willing to listen to his patients without prejudice and to learn from his work with them.

I met Harry Benjamin on April Fool's Day of 1969. A friend who had arranged the introduction told me that Benjamin needed someone to cover his office for the coming summer. As a young internist with an interest in endocrinology, I seemed a likely prospect for a practice that largely involved hormonal treatment of transsexual patients. My friend gently advised me not to get too involved.

Harry Benjamin was then 84 years old. Through his pioneering work in the field, he had made transsexualism a recognized medical term. In 1966 he had written *The Transsexual Phenomenon* (Benjamin, 1966), at the time the only book on the subject written for a medical audience. I was impressed by this distinguished figure sitting behind his desk, speaking quietly with a soft German accent. He was warm, friendly, and very clear about what he was doing with his patients. A few short weeks later, he flew to San Francisco and left me as the resident expert in his office. In the time-honored tradition of "see-one-do-one-teach-one," I learned on the job. It was not until much later that I realized that Harry Benjamin had learned about these patients and their concerns in exactly the same way that he had let me learn about them.

As I got to know Harry Benjamin, I learned something else about him: he knew who his friends were. He had spent too much time working outside mainstream medicine not to realize that physicians as a lot tended to be conservative. They wanted to offend neither their patients nor their peers. Hospitals and universities were sensitive to the opinions of their major donors. He thought of himself as a persistent pioneer. His willingness to work with new and sometimes controversial treatments, in fields such as sex and aging, meant that often he had to work alone. He valued those colleagues who understood

and supported what he was doing. Their friendship and personal loyalty to him were profoundly important.

Fast-forward to 1975: a lot had changed for Harry Benjamin. The summer of 1975 was his last in San Francisco. While there, he developed facial herpes. He was hospitalized for a few days with what was probably a mild encephalitis. He returned to New York City in September, never to leave again. He lived out his days at home with Gretchen, his bride of over 60 years, whom he had married when he was 40. They had no children. He died in August of 1986 at the age of 101. His heart gave out before his mind.

A lot had changed for me, too. I did not take my friend' s advice. Indeed, I became deeply involved with Harry and his work. I came to appreciate the difference between *gender identity—how* one sees oneself in terms of gender—and *sexual orientation—the* role that gender preference plays in one's choice of a sexual partner. I came to know that there are infinite variations and combinations of masculinity and femininity within each of us. I was awed by the courage of people who were willing to risk losing everything to gain the truth of their own lives. Finally, at the age of 35, I understood that I was and always had been gay. I wanted to be as honest in my life as my patients were in theirs. In 1973 I came out. Harry was surprised, but very supportive when I told him.

Then I faced another change: ever more aware of the psychologic dimensions of human sexuality, I knew that I did not want to spend the rest of my career working as an amateur psychiatrist. So, in 1975 I left Harry's practice and began my psychiatric residency. This did not make Harry happy. I had been his successor, entrusted with his legacy. Now I seemed to be joining the enemy. At 90, he saw the practice he had nurtured for so many years disappearing. I am sure he felt betrayed. Our personal relationship, however, seemed to me to continue essentially unchanged.

In the fall of 1976, I was in a residency program that had a strong analytic tradition. Many of the teachers and supervisors were trained as analysts. Long-term individual psychotherapy was still a cornerstone of the program. All of this was good. However, the program's attitude about homosexuality was subtle but clear: when I told the Director of Residency Training that I was gay, he looked a little puzzled and replied, "You mean there are gay psychiatrists?"

I had a call from Daniel Greene, a writer for *The National Observer*. He was doing an article about transsexuals and asked to interview me. I met him for a long lunch on Columbus Avenue in Manhattan one weekday afternoon. We spoke first about the field in general, and then about my decision to leave Harry' s practice and become a psychiatrist. I told him how I met Harry Benjamin, how working with our patients had helped me come to terms with my own sexuality, how I felt the need to understand more about my patients and the work we were doing together. Speaking as a second year resident in

psychiatry, I suggested that I might have been confusing some of my own needs for acceptance and understanding with my transsexual patients' needs for understanding and liberation. In my early years in the field, I had written and spoken about the idea that transsexuals were somehow simply born with the body of one sex and the mind of the other. I told my interviewer that I no longer considered this an adequate and satisfactory explanation for what our patients experienced. I was concerned that there were psychologic issues that hormones and surgery did not reach. I feared that these unexplored and unresolved issues might resurface in later years and leave our patients with a vague but lingering sense of dissatisfaction with their lives. In a sidebar headlined about my thoughts he closed with this quotation: "Whatever surgery did, it did not fulfill a basic yearning for something that is difficult to define. This goes along with the idea that we are trying to treat something that is much deeper. It may also mean that if you are born to be a transsexual, you are doomed never to be totally happy" (Greene, 1976).

Harry and I never discussed the article.

In 1979, Janice Raymond quoted from this article in her book *The Transsexual Empire* (Raymond, 1979). She says, *"The Transsexual Empire* is basically the medical conglomerate that has created the treatment and technology that makes anatomical sex conversion possible" (pp. xiv-xv). She describes my leaving the field as "a significant defection from the transsexual empire" (p. 212). Controversial and widely read, this book brought my interview to many who had not seen the original article and insured that my words would not soon be forgotten. Less than a year ago, I had an e-mail message from a former patient who had only recently read of my comments in the *National Observer* article and wondered about my apparent decision not to support sex reassignment surgery. I assume that she saw my comments in Raymond's book.

Fast-forward to the present: I still have not taken my friend's advice. I moved to eastern Long Island in the mid-1980s and opened my own psychiatric practice. I continued to see transsexual patients both for evaluation and for counseling. I continue to this day to support hormonal and surgical reassignment when that seems appropriate. For a long time now I have known that Harry and I never disagreed on the important points. He knew from his own clinical experience that for certain patients transitioning with hormones and surgery is not only helpful, but often necessary as the only treatment we have to offer. I believe that whatever the causes—genetic, biologic, psychologic-cross gender feelings strong enough to bring a person to reassignment are probably fixed in personality far too early and far too firmly to reconcile any other way. Reassignment is simply too difficult to undertake for any lesser reason. I have had the privilege of knowing some patients for 30 years. I know that these feelings do not go away with time, and I know that through reassign-

ment many patients have found happiness and a personal fulfillment that simply would not have been possible otherwise.

Postscript: About a year ago, when I was closing my practice, I found a letter written in longhand by Harry in May of 1978 (Benjamin, 1978). In this addendum to his will, he directs his attorney to replace me as a trustee (of what I no longer know) with an old friend. He wrote, "Dr. Ihlenfeld whom I appreciate and value as a friend, has changed psychologically thru—to my mind—the destructive influence of today's psychoanalysis which—again to my mind—replaces too often common sense by a lot of dogmatic non-sense."

He was then 93 years old. He never did like psychiatrists much.

REFERENCES

Benjamin, H. (1966), *The Transsexual Phenomenon.* New York: Julian Press.

_____ (1978), Personal communication.

Greene, D. (1976), A doctor tells why he'll no longer treat transsexuals. *The National Observer*, October 16, 1976, p. 14.

Person, E. S. (1999), Harry Benjamin and the birth of a shared cultural fantasy. In: *The Sexual Century*. New Haven, CT: Yale University Press, pp. 347-366.

Raymond, J.G. (1979), *The Transsexual Empire: The Making of the She-Male.* Boston, MA: Beacon Press.